

# HOW TO HELP THE CANCER SUPPORT GROUP THROUGH VOLUNTEERING



*ACT Eden Monaro's own.*

## AREAS WHERE YOU CAN HELP

Through the generous donation of your time, you can help us to raise the vitally needed funds we use to assist cancer patients every day.

The Cancer Support Group ACT Eden Monaro's Own has been providing assistance to Cancer Patients and the families residing with them for over 27 years. For most of that time, this assistance was provided purely by volunteers. Our most committed volunteer was Yvonne Cuscheri, the Founder of The Cancer Support Group. She gave many years of her time and energy to the Group and was instrumental in building us to what we are now.

For over 8 years now, we have been in the position of being able to employ staff and currently have two full time staff. This is due to a grant from the ACT Health Directorate. While the staff does work diligently to fulfil the requirements of the Group, we are still in need of volunteers for a variety of roles.

### Administration

- Part time administration assistance
- From four (4) hours per week
- Office based role in Queanbeyan
- Experienced administrator required
- Police Suitability Check required

### General Volunteer

- Occasional assistance with fundraisers
- Various fundraisers including BBQ's, Raffles, Merchandise Sales etc

### Marketing

- Part time marketing assistance
- From four (4) hours per week
- Office based role in Queanbeyan
- Experience marketer required
- Police Suitability Check required

### Member

- Monthly commitment to Meetings
- Occasional assistance with fundraisers
- Various fundraisers including BBQ's, Raffles, Merchandise Sales etc

If you believe you may be able to provide assistance in any of these roles, we would be very grateful. While we do currently have a committed volunteer base – Many Hands Make Light Work!

If you have free time available, please complete the relevant forms and return to us. We will be in contact with you as soon as possible to arrange your orientation. If you would like any other information about volunteering for The Cancer Support Group, you can contact us on (02) 6297 1261 or email – [csg2@bigpond.com](mailto:csg2@bigpond.com)

Please return completed forms to:

The Cancer Support Group  
ACT Eden Monaro's Own  
Post: PO Box 1351  
QUEANBEYAN NSW 2620  
Fax: (02) 6297 1878  
Email: [csg2@bigpond.com](mailto:csg2@bigpond.com)  
In Person: 21 Cooma Street, Queanbeyan

# ADMINISTRATION VOLUNTEER APPLICATION FOR THE CANCER SUPPORT GROUP ACT EDEN MONARO'S OWN

## APPLICANT'S CONTACT DETAILS

Title:  First name:  Surname:

Address:

Suburb:  State:  Postcode:

Phone:  Email:

## APPLICANT'S AVAILABILITY

Please write hours available for each day

MONDAY	<input type="text"/>
TUESDAY	<input type="text"/>
WEDNESDAY	<input type="text"/>
THURSDAY	<input type="text"/>
FRIDAY	<input type="text"/>

Will you be available to volunteer on a weekly basis? Yes  No

Please indicate how often you can attend the office:  
e.g. one day per week, two days per week, once a fortnight etc. \_\_\_\_\_

## APPLICANT'S EXPERIENCE & SUITABILITY

Copy of Resumé attached: Yes  No

Or please list Administration experience:

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Are you willing to undergo a Police Suitability Check?  
Yes  No

I, \_\_\_\_\_ am willing to offer my services to The Cancer Support Group ACT Eden Monaro's Own on a Volunteer Basis. I certify that all the information provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MARKETING VOLUNTEER APPLICATION FOR THE CANCER SUPPORT GROUP ACT EDEN MONARO'S OWN

## APPLICANT'S CONTACT DETAILS

Title:  First name:  Surname:

Address:

Suburb:  State:  Postcode:

Phone:  Email:

## APPLICANT'S AVAILABILITY

Please write hours available for each day

MONDAY	<input type="text"/>
TUESDAY	<input type="text"/>
WEDNESDAY	<input type="text"/>
THURSDAY	<input type="text"/>
FRIDAY	<input type="text"/>

Will you be available to volunteer on a weekly basis? Yes  No

Please indicate how often you can attend the office:

e.g. one day per week, two days per week, once a fortnight etc.

## APPLICANT'S EXPERIENCE & SUITABILITY

Copy of Resumé attached: Yes  No

Or please list Marketing experience:

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Are you willing to undergo a Police Suitability Check?

Yes  No

I, \_\_\_\_\_ am willing to offer my services to The Cancer Support Group ACT Eden Monaro's Own on a Volunteer Basis. I certify that all the information provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# GENERAL VOLUNTEER APPLICATION FOR THE CANCER SUPPORT GROUP ACT EDEN MONARO'S OWN

## APPLICANT'S CONTACT DETAILS

Title:  First name:  Surname:

Address:

Suburb:  State:  Postcode:

Phone:  Email:

## APPLICANT'S AVAILABILITY

Please write hours available for each day

Please note, General Volunteers are mostly required for weekend and after work hours.

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

## APPLICANT'S EXPERIENCE & SUITABILITY

Copy of Resumé attached: Yes  No

Or please list Volunteering experience:

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I, \_\_\_\_\_ am willing to offer my services to The Cancer Support Group ACT Eden Monaro's Own on a Volunteer Basis. I certify that all the information provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MEMBER APPLICATION - \$11 per annum Membership Fee FOR THE CANCER SUPPORT GROUP ACT EDEN MONARO'S OWN

## APPLICANT'S CONTACT DETAILS

Title:  First name:  Surname:

Address:

Suburb:  State:  Postcode:

Phone:  Email:

## APPLICANT'S AVAILABILITY

Please write hours available for each day

Please note, Members are required for weekend & after work hours as well as monthly meetings.

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

Will you be available to attend monthly Member Meetings? Yes  No

## APPLICANT'S EXPERIENCE & SUITABILITY

Copy of Resumé attached: Yes  No

Or please list relevant experience:

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I, \_\_\_\_\_ am willing to offer my services to The Cancer Support Group ACT Eden Monaro's Own on a Volunteer Basis. Membership fee of \$11 is enclosed or a copy of the receipt for payment is attached. I certify that all the information provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_